## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09/000083

CLAIMS ASED - PART I								SMALL ENTITY			OTHER THAN		
<del>-,</del>	OLAING		(Column	(Column 1)		(Column 2)		TYPE		OR			
IL	OTAL CLAIMS							RATE	FEE	] /	RATE	FEE	
FC	)R	24	NUMBER I	FILED		BER EXTRA	1	BASIC FEE		OR	BASIC FEE	860	
TC	OTAL CHARGEA	ABLE CLAIMS	41 min	nus 20=	•	21		X\$ 9=		OR	X\$18=	378	
	DEPENDENT CL		<u> </u>	inus 3 =	•		Ī	X40=		OR	Váo		
MU	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT			У	Ī	+135=		OR		2-10	
* If	the difference	e in column 1 is	less than ze	∍ro, ente	r "0" in c	olumn 2	L	TOTAL	<del> </del>	OR		1508	
	C	CLAIMS AS A	AMENDEC	) - PAR	i <b>T</b> II					] -	OTHER	- 6.00	
	Total Control of the	(Column 1)		(Colur	mn 2)	(Column 3)	-	SMALL	ENTITY	OR	SMALL E		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	MBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ñ	Total	•	Minus	**		=	*	X\$ 9=		OR	X\$18=		
AME	Independent FIRST PRESE	ENTATION OF MU	Minus  ULTIPLE DEF	PENDENT	T CI AIM	=		X40=		OR	X80=		
			JEIII EE J		. OL/3			+135=		OR	+270=		
								TOTAL DDIT. FEE		OR /	TOTAL ADDIT. FEE		
		(Column 1)		(Colun	mn 2)	(Column 3)	A	DUII. FEE	البيست	1 ,	AUUH. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	HEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ND.	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X40=		l t	X80=		
	FIRST PRESE		-			OR							
	; :·				• •		L	+135=		OR	+270=		
			la gran	.0.3			AC	TOTAL DDIT. FEE		OR A	TOTAL ADDIT. FEE	`	
	excess and a second	(Column 1)	GOVERNMENT OF TO	(Colum		(Column 3)	. 10	<u> </u>	r e spila growe e	· . : _		sa inga meriti kec	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA	4	RATE	ADDI- TIONAL FEE		RATE:	ADDI- TIONAL FEE	
NOW	Total	1	Minus	g 🏕 🏶 som gå egitiget Se n	i	= constant stant	4	X\$ 9≐		OR	X\$18=	7 V.	
ME	Independent		Minus	***	H. Carlotte	=,		X40 <u>=</u> ~		NO.	X80=	The same of the sa	
******* ******************************	KUKAKATI MUMPE	NTATION OF MU	the state of the same of the same	AND THE CONTRACTOR	CLAIM					OR	Same of the second	CHARLES	
. 11	f the entry in colun	mn 1 is less than the	he entry in colum	mn 2. write	"0" in coli	umn 3	•	135		OR	+270=	ACT S	
	If the "Highest Nun If the "High st Nun	mber Previously Pai mber Previously Pa	aid For" IN THIS aid For" IN THIS	S SPACE is S SPACE is	s less than s less than	1 20, ent r "20." a	ΑD	TOTAL DOTT			TOTAL ADDIT. FEE	medical and	
	he Highest Num	ber Previously Paid	id F r (Total or	r Independe	nt) is the l	highest number	lound	d in the appr	opriate box	in colu	ımn 1.		

3.5